



## South Central Public Health District

Prevent. Promote. Protect.

# APPROVAL OF SEWAGE DISPOSAL SITE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

hereby grants permission for the disposal of septic tank sludge or portable toilet waste, by the method checked below, to

\_\_\_\_\_  
(name of septic pumping company)

Method of disposal:

1. Sewage treatment plant ☐

2. Municipal sewer system ☐

3. Burying ☐

4. Drying ☐

\_\_\_\_\_  
**Signature** (Disposal site operator)

\_\_\_\_\_  
**Date**

### DESCRIPTION AND LOCATION OF SITE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site approved by:

\_\_\_\_\_  
Registered Environmental Health Specialist

\_\_\_\_\_  
Date

Form DECS 74292